DOCUMENT RESUME

ED 301 003 EC 211 300

AUTHOR	McManus, Marilyn C., Ed.
TITLE	Services to Minority Populations: What Does It Mean To Be a Culturally Competent Professional?
INSTITUTION	Portland State Univ., Oreg. Regional Research Inst. for Human Services.
PUB DATE	88
NOTE	17p.
AVAILABLE FROM	Portland State University, Research and Training Center, Regional Research Institute for Human Services, P.O. Box 751, Portland, OR 97207-0751.
PUB TYPE	Collected Works - Serials (022)
JOURNAL CIT	Focal Point; v2 n4 p1-9 Sum 1988
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Cultural Background; *Cultural Context; Cultural Differences; Delivery Systems; *Emotional Disturbances; *Ethnic Groups; *Helping Relationship; Interpersonal Relationship; Minority Groups; Models; Professional Services; Self Evaluation (Groups); *Social Agencies; *Social Services; Staff Development

ABSTRACT

This issue of "Focal Point" addresses the delivery of services to children who are ethnic minorities of color and who have severe emotional disabilities. The cover article offers five keys to the provision of professionally competent services with such children: awareness and acceptance of cultural differences, awareness of the professional's own cultural values, understanding of the "dynamics of difference" in the helping process, knowledge of the client's culture, and ability to adapt practice skills to fit the client's cultural context. "Developing Cultural Competence for Agencies" helps social service agencies develop and assess their level of cultural competence through examination of their goals; agency structure; staff, board, and agency attributes; etc. A literature review explores the types of cultural competence models in use by agencies, including the outreach model, the mainstream agency support of services by minorities model, bilingual/bicultural services, and minority agencies providing services to members of minority communities. The Child and Adolescent Service System Program Minority Initiative, a program of the National Institute of Mental Health, is also described. Other newsletter features include lists of available materials and meeting notes. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

RECEIVED
U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.
"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
M. C. McManus
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."
ED301003
EC 211300

SUMMER 1988

FOCAL POINT

SERVICES TO MINORITY POPULATIONS

What Does It Mean To Be a Culturally Competent Professional?

In the last two decades there has been a movement in the mental health field toward improved services to children and families who are members of minority populations. Recognized as at risk and underserved, families of minority populations have repeatedly been the subjects of research and demonstration projects. Mental health professionals serving these children and families today are faced with the nagging question: "What constitutes appropriate services for minority clients?" Fortunately, the cumulative results of twenty years of work in this area are now becoming apparent. The knowledge base has grown and models for working cross-culturally have been developed and reviewed in the literature. These models have been given such labels as "ethnic-sensitive practice" (Devore & Schlesinger, 1981), "cross-cultural awareness practice" (Green, 1982), "ethnic competence" (Green, 1982), and "ethnic minority practice" (Lum, 1986). Each of these models has contributed to our understanding of the role of cultural difference in the helping process.

This article offers a framework for understanding the knowledge and skills professionals serving minority children with serious emotional disabilities need. We use the term "cultural competence" and present five keys to the provision of professionally competent services when the client is an ethnic minority of color.

Sound cross-cultural practice begins with a commitment from the worker to provide culturally competent services. To succeed, workers need an awareness and acceptance of cultural differences, an awareness of their own cultural values, an understanding of the "dynamics of difference" in the helping process, basic knowl-

Photo by Marilyn McManus

The Bulletin of the Research and Training Center
to Improve Services for Seriously Emotionally Handicapped Children and Their Families

VOLUME 2 NUMBER 4

edge about the client's culture, and the ability to adapt practice skills to fit the client's cultural context. Five essential elements for becoming a culturally competent helping professional are described below.

Awareness and Acceptance of Difference. The first task in developing cross-cultural skills is to acknowledge cultural differences and to become aware of how they affect the helping process. While all people share common basic needs, there are vast differences in how people of various cultures go about meeting those needs. These differences are as important as the similarities. Acceptance of the fact that each culture finds some behaviors, interactions, or values more important or desirable than others can help the mental health worker interact more successfully with members of different cultures. Awareness and acceptance of differences in communication, life view, and definitions of health and family are critical to successful outcomes. The worker develops a dual perspective (Gallegos, 1988). This perspective is dependent in part on understanding the role of culture in one's own life.

Self Awareness. To fully appreciate cultural differences, workers must recognize the influence of their own culture on how they think and act. Many people never acknowledge how their day-to-day behaviors have been shaped by cultural norms and values and reinforced by families, peers, and social institutions. How one defines "family," identifies desirable life goals, views problems, and even says hello are all influenced by the culture in which one functions. A purposeful self-examination of cultural influences can lead to a better understanding of the impact of culture on one's own life. Only then can the complexities of cross-cultural interactions be fully appreciated.

continued on page 4

RESEARCH AND TRAINING CENTER
Regional Research Institute for Human Services
Portland State University
P.O. Box 751
Portland, Oregon 97207-0751
(503) 464-4040

Copyright © 1988 by Regional Research Institute for Human Services. All rights reserved. Permission to reproduce articles may be obtained by contacting the editor.

The Research and Training Center was established in 1984 with funding from the National Institute on Disability and Rehabilitation Research (NIDRR) in collaboration with the National Institute of Mental Health (NIMH).

We invite our audience to submit letters and comments.

RESEARCH AND TRAINING CENTER
Barbara J. Friesen, Ph.D., Director

Families as Allies Project
Barbara J. Friesen, Ph.D., Principal Investigator
Richard Vosler-Hunter, M.S.W., Training Coordinator

Therapeutic Case Advocacy Project
Thomas M. Young, Ph.D., Principal Investigator
James L. Mason, B.S., Project Manager

Youth in Transition Project
Matthew J. Modrcin, Ph.D., Principal Investigator
Nancy Koroloff, Ph.D.

Resource Services
Marilyn C. McManus, J.D., M.S.W., Coordinator
Terry Cross, M.S.W.

Focal Point
Marilyn C. McManus, J.D., M.S.W., Editor

Center Associates
Patty Bundren
Kaye Exo, M.S.
Frances Hart, B.A.
Paul E. Koren, Ph.D.
Loretta Norman, B.A.
Mary Elizabeth Rider, B.A.
Judy Robison, M.A.
E. Darey Shell, B.S.
Katie S. Yoakum, B.S.

GRADUATE SCHOOL OF SOCIAL WORK
Bernard Ross, Ph.D., Dean

REGIONAL RESEARCH INSTITUTE FOR HUMAN SERVICES
Arthur C. Emlen, Ph.D., Director

NATIONAL ADVISORY COMMITTEE

Mary Hoyt, M.S.W., Chair, Assistant Administrator, Oregon Children's Services Division, Region I

Richard Angell, M.D., Department of Psychiatry, Oregon Health Sciences University

William Anthony, Ph.D., Center for Rehabilitation Research and Training in Mental Health, Boston University

William Arroyo, M.D., Assistant Director, Child/Adolescent Psychiatry, Los Angeles County—USC Medical Center

Marva Benjamin, M.S.W., CASSP Technical Assistance Center, Georgetown University

Betsy Burke, Ph.D., Chief, Special Populations, California State Department of Mental Health

Lee Clark, Ph.D., Emotionally Handicapped Programs, Bureau of Education for Exceptional Students, Florida Department of Education

Glenda Fine, Parents Involved Network, Mental Health Association of Southeast Pennsylvania

Bud Fredericks, Ed.D., Teaching Research, Inc., Western Oregon State College

Paula Goldberg, PACER Center, Inc., Minneapolis, Minnesota

Mareasa Isaacs, Ph.D., Commission of Mental Health Services, Washington, D.C.

Jody Lubrecht, Ph.D., Project Director, Idaho Child and Adolescent Service System Program

Brenda Lyles, Ph.D.
New Orleans, Louisiana

Phyllis Magrab, Ph.D., Director, Child Development Center, Georgetown University

Barbara Melton, B.S., Monmouth, Oregon

Larry Platt, M.D., Office of the Regional Health Administration, U.S. Public Health Services, Region IX

Ann Turnbull, Ph.D., Bureau of Child Research, The University of Kansas

Introduction and Editor's Notes

This issue of *Focal Point* addresses the delivery of services to children who are ethnic minorities of color and who have severe emotional disabilities. Portland Minority Project staff examine the keys to developing worker and agency cultural competency, and review the literature that explores the types of cultural competence models in use by agencies. The Child and Adolescent Service System Program (CASSP) Minority Initiative is also described. The Fall issue of *Focal Point* will highlight state and local programs serving minority children with emotional disabilities and their families.

Various authors have documented the fact that in a system fraught with inadequacies, minority children fare the worst of all. A Black adolescent with serious emotional handicaps will likely be placed in the justice system rather than in the treatment setting to which a Caucasian counterpart would be referred. A Native American child with serious emotional disturbances will likely receive no treatment or be removed from his or her family and tribe. It is unlikely that Hispanic children with emotional disabilities will be assessed in their native language. Asian children with emotional handicaps will likely never come to the attention of the mental health system. In short, when racial minorities do enter the mental health system, they are more likely to be diagnosed seriously emotionally disturbed than their Caucasian counterparts and experience more restrictive interventions.

Why? Are these realities system of care issues that all children face or are some of these factors due to minority status? What corrective measures are available? Who can best respond to these needs? Neither the questions nor the solutions are simple and while advocates from minority communities clamor for culturally sensitive services many professionals have had very little notion of what that means.

Culturally competent services are those systems, agencies and practitioners possessing the capacity to respond to the unique needs of populations whose cultures are different than that of dominant or mainstream America. We use the word culture because it implies the integrated pattern of human behavior that includes thought, communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. We use the word competence because it implies having the capacity to function *within* the context of culture. While the articles in this publication focus on ethnic minorities of color the terminology and the thinking behind this model apply to everyone--as we are all members of a culture.

What would practitioners, agencies and the system as a whole be doing if in fact we were meeting the needs of minority children with serious emotional handicaps? Practice theory in this area has progressed; however, agency and system changes have only just begun. Portland Minority Project staff, in cooperation with CASSP Minority Initiative staff and its National Minority Resource Committee, are addressing this question. New pathways toward cultural competence are being forged. Culture is an untapped resource for many of these children. We look forward to the time when children and families will feel enriched by their culture and throw off the message that it is only one more handicap.

NEXT ISSUE: FOCUS ON MINORITY INITIATIVES -- PART TWO

We will continue our focus on the provision of culturally relevant services to minority youth who have serious emotional disorders and their families in the Fall 1988 issue of *Focal Point.* State and local efforts on behalf of minority children and adolescents will be featured. The findings of participants attending a 1986 national workshop that examined the major issues to be addressed in delivering services to children of color with emotional disabilities will be reviewed. An exploratory study of service delivery problems and successes with Indian children who have emotional handicaps will be described. Readers are invited to nominate specific programs or other efforts on behalf of minority children with serious emotional problems for inclusion in the next *Focal Point.*

Culturally Competent Professional, continued

Dynamics of Difference. What occurs in cross-cultural interactions might be called the "dynamics of difference." When a worker of one culture interacts with a client from another, both may misjudge the other's actions based on learned expectations. Both will bring to the interaction their own unique history with the other group and the influence of current political relationships between the two groups. Both will bring culturally prescribed patterns of communication, etiquette and problem solving. Both may bring stereotypes with them or underlying feelings about working with someone who is "different." The minority client may exhibit behaviors that are adjustment reactions to dealing with a culturally foreign environment.

Without an understanding of their cultural differences, the dynamics most likely to occur between the two are misinterpretation or misjudgment. It is important to note that this misunderstanding is a two way process--thus the label "dynamics of difference." An example of this dynamic occurs when two people meet and shake hands. If someone from a culture in which a limp hand is offered as a symbol of humility and respect shakes hands with a mainstream American male (who judges a person's character by the firmness of his or her grip) each will walk away with an invalid impression of the other. These dynamics give the cross-cultural interaction a unique character that strongly influences the helping relationship. By incorporating an understanding of these dynamics and their origins into practice, workers enhance their chances for productive cross-cultural interventions.

Knowledge of the Client's Culture. Productive cross-cultural interventions are even more likely when mainstream workers make a conscious effort to understand the meaning of a client's behavior within his or her cultural context. For example, asking the question, "What does the client's behavior signify in his or her group?" helps the worker assess a client on the norms of his or her own society, not on those of the dominant culture. Specific knowledge about the client's culture adds a critical dimension to the helping process. Workers must know what symbols are meaningful, how health is defined and how primary support networks are configured.

Information that will add to the worker's knowledge is vital but because of the diversity within groups the average worker cannot achieve comprehensive knowledge. Gaining enough knowledge to identify what information is needed as well as know who to ask for information is a desirable goal. The worker must be able to take the knowledge gained and use it to adapt the way in which services are delivered.

Adaptation of Skills. Each element described here builds a context for cross-culturally competent practice. The worker can adapt or adjust the helping approach to compensate for cultural differences. Styles of interviewing, who is included in "family" interventions, and treatment goals can be changed to meet cultural needs. Workers who understand the impact of oppression on mental health can develop empowering interventions. For example, minority children repeatedly receive negative messages from the media about their cultural groups. Treatment can incorporate alternative culturally enriching experiences that teach the origins of stereotypes and prejudices. Practitioners can begin to institutionalize cultural interventions as legitimate helping approaches by incorporating such interventions into treatment plans.

Practice will improve only as professionals examine their practices and articulate effective helping approaches. Each worker will add to the knowledge base, through both positive and negative experiences, and will develop his or her expertise over time. Becoming culturally competent is a developmental process for each worker. It is not something that happens because one reads a book, attends a workshop or happens to be a member of a minority group. It is a process born of a commitment to provide quality services to all and a willingness to risk. As more and more minority professionals around the country add to the knowledge base, the field grows in its understanding of what it means to provide culturally appropriate services.

This discussion has focused on the individual worker and his or her helping practices. It provides a framework for addressing the much larger questions: "What is a culturally competent agency?" and "What does a culturally competent system of care look like?" How those questions are answered and implemented will depend in part on the five basic elements described here. It would be a grave injustice if we continued to underserve minority children. As we learn more about improving services to minority children, services to all children will be improved.

References

Devore, W. & Schlesinger, E. G. (1981). *Ethnic-sensitive social work practice.* St. Louis: C.V. Mosby.

Green, J.W. (1982). *Cultural awareness in the human services.* Englewood Cliffs, NJ: Prentice-Hall.

Gallegos. J. (1988). Remarks made at the *Ethnic Competence in the Human Services Conference.* Portland, OR: National Association of Social Workers.

Lum, D. (1986). *Social work practice and people of color: A process-stage approach.* Monterey, CA: Brooks/Cole.

Developing Cultural Competence for Agencies

The term cultural competence is most often applied to the effectiveness of a helper's work with someone of a different ethnicity, culture, or race. However, cultural competence is not only an individual issue: it is an agency, local, state, federal, and ultimately global issue. One focus of the Portland Minority Project has been to identify and articulate key elements of cultural competence in social service agencies. Research and Training Center staff have interviewed representatives of Portland agencies that have been working to become more culturally competent. In the process of these interviews, we developed questions to uncover the essential ingredients that can contribute to improved services to minority children and families.

Purpose of Working for Cultural Competence. The first set of questions addresses why an agency might choose to become more responsive to the needs of minority children and families. We asked: *Has the agency developed a vision or goal of ethnic, cultural, or racial diversity? If so, is this vision directed towards client, staff, and board diversity? Does the larger agency philosophy influence choices in this area? Is client empowerment a part of overall agency philosophy?* The answers we have received suggest that agencies with social action as part of their philosophy tend to more aggressively seek out ways of being culturally competent. Other agencies are motivated by funding sources which mandate action in this area while still others are driven by the demands of their client constituency.

We asked about the agency's treatment philosophy as it might affect service effectiveness. *How was the treatment philosophy determined? Is the focus on providing social-psychological services or on social action? Are services oriented towards mainstream clients regardless of staff and client attributes?* Agencies with flexible and adaptable methodologies appear to be likely to serve diverse groups effectively.

Agency Structure. *What is the agency's structure?* The structure of an agency may influence its ability to develop cultural competence. The simplest way to ascertain the type of structure is to look at an agency organizational chart. An agency that is hierarchical with many administrative layers may have considerable status and power differentials within the agency, and between staff and clients. A "flatter" structure may minimize power differences.

Different kinds of agency structures may encourage a variety of cultural methods of decisionmaking. Therefore we asked: *How are decisions made?* Decisionmaking methods that encourage consensus or group process (as contrasted to methods such as voting), permit ethnic, racial, and cultural minority staff members to advocate effectively for the needs of their communities.

What contributes to the development of a decisionmaking process that allows for the diversity in decisionmaking styles needed to allow and promote cultural, ethnic, and racial diversity? Our interviews to date have been with smaller, local agencies that attribute a high level of value to individual perspectives, and therefore may be receptive to diversity.

Staff, Board, and Agency Attributes. *Does staff and board membership reflect the racial and cultural mix of the local population and of the client base?* Administrators of the agencies we interviewed considered staff and board racial and cultural representation crucial to serving minority communities.

What skills or attributes of the staff and board might affect the agency's ability to be ethni-

cally competent? Some professional disciplines require that students learn about intercultural relations. Staff and board members who have such education may be of particular value.

Do staff and board members have ties to any of the minority communities? Are their group process skills inclusive? Do they understand why racial, ethnic, and cultural groups are identified as minorities? In one agency, mainstream and assimilated staff and board members look at their personal backgrounds to seek out the unique attributes of their heritages. This may promote an understanding of how the assimilation process cut them off from their family history, and that different does not mean aberrant. The administrator of this agency hopes that, through this examination, staff and board may become more attuned to their role in advocating to preserve their clients' heritages and build on cultural strengths.

The agency's history and attributes may be evaluated as a whole. *What are the strengths and weaknesses of the agency? How did the agency come into being? Who has worked in the agency, and how have their personal attributes affected agency development?* One agency was an outgrowth of a coalition of community groups that wanted to advocate for social change. Staff members viewed their social action roots as a strength. Two weaknesses perceived by the staff were that they are monocultural, and the agency is decorated in mainstream decor. Documenting this kind of information may show patterns which reveal why the agency has certain strengths and weaknesses.

Process of Becoming Culturally Competent. *When did you recognize the need to develop agency cultural competence? Why then instead of another time?* We found that there is usually a catalyst--a person, event, or failure--that precipitates the decision to develop the agency's cultural competence. For one agency, the catalyst was the executive director; for another, it was a funding source mandate.

What was the decisionmaking process? Did board and staff actively participate in the decision? One agency spent much time reaching goal consensus among board and staff. For the agency whose funding source imposed the goal, staff and board participation may have been less important in decisionmaking but equally important for implementation. Questions about dissension among staff and methods of dealing with conflict are also important.

A range of specific tasks were undertaken by agencies in their move to become more culturally competent. These include: hiring ethnic, cultural, and racial minorities; training mainstream staff on minority issues; minority community outreach; minority board member selection and training mainstream board members; changing the agency structure; moving the service location; altering the facility's interior to reflect client cultures; hiring minority consultants; seeking funding to serve specific populations; actively recruiting minority clients; opening separate offices staffed by minority workers in minority communities; and changing the philosophy and policies of the agency to more appropriately serve minority clients.

Assessment of Process and Competence. *Have agency efforts enhanced their cultural competence?* Respondents generally believed their competence had improved. However, one agency staff member noted that continued advocacy with referral agencies is necessary in order to serve minority populations.

Another agency has a plan for developing its cultural competence, and is concerned with measurement issues. *How does one measure cul-*

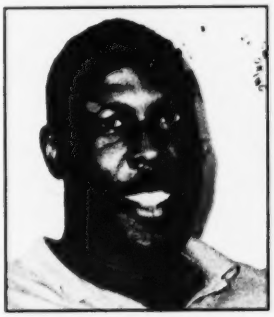
ETHNIC COMPETENCE QUESTIONNAIRE

Seventy-six professionals who attended the May *Ethnic Competence in the Human Services Conference* in Portland completed a questionnaire in which they rated their own ethnic competence as well as that of their respective agencies and agency staff. Participants rated ethnic competence on a scale of one to five (one=low, five=high). The average rating for the participants was 3.46; for their agencies, 2.59; and for their staff members, 2.72. These results suggest that participants view themselves as more competent than their employers and co-workers. In addition, it appears that the professionals did not always agree on the factors that determine ethnic competence. The conference was presented by the Portland chapter of the National Association of Social Workers and the Graduate Student Organization of the Portland State University School of Social Work.

tural competence? Using a plan with objectives and tasks gives an agency an opportunity to measure its process, although not its level of cultural competence. *How much further does the agency have to go? Is cultural competence a goal to achieve, or a continuum on which one provides service?* The agency staff interviewed agree that there is no end point at which they can stop working to improve their cultural competence.

Cultural competence is a goal toward which agencies as well as individuals may strive. The agency purpose, structure, and attributes contribute to the development of a process through which cultural competence may be promoted. An assessment function is vital to the process so that agency board and staff can measure their progress.

Portland Minority Project staff would like to hear from personnel who are working to promote the cultural competence of their agencies. Please contact James Mason, Terry Cross, Mary Elizabeth Rider or Barbara Friesen at (503) 464-4040 to contribute information.



James Mason

Terry Cross

Mary Elizabeth Rider

Barbara Friesen

Developing a Model for Cultural Competence: A Literature Review

Portland Minority Project staff have undertaken a review of the literature on cultural competence models in use by agencies. An annotated bibliography will be completed this fall for use by professionals and parents. In this article we present an analysis of our review to date of literature addressing various approaches to building agency cultural competence.

Many authors cite the underutilization of services by minorities as a primary issue. Failure of programs to address socially based problems of minorities, program insensitivity to cultural and linguistic differences, lack of minority workers, and program physical location are all documented as reasons for underutilization (1, 2, 10, 11, 14, 15, 20, 23). Nonetheless, minority children are consistently diagnosed as learning disabled, mentally retarded, or emotionally disabled at higher rates than are Caucasian children whose first language is English (26).

Agencies, practitioners, and researchers have documented successes and failures in their attempts to combat institutional racism. Four models frequently appear: (a) mainstream agencies providing outreach services to minorities; (b) mainstream agencies supporting services by minorities within minority communities; (c) agencies providing bilingual/bicultural services; and (d) minority agencies providing services to minority people.

The outreach model is one frequently used by agencies beginning to recognize their need to improve services to minority clients. The outreach model consists of a special effort to reach a target client population. Minority groups or communities are seen to require the same services as do mainstream groups; services are perceived as "color-blind." This model does not acknowledge the oppression minority groups face, and may appear paternalistic, no matter how well intended. When an outreach program fails to take into account local minority cultural norms and values, it is likely to be rejected by community members (1).

The mainstream agency support of services by minorities within minority communities model is relatively new. This model has been adopted by federal, state and local agencies that previously attempted to serve minorities with services not specific to their cultural needs. Agencies using this model appear to believe that minority populations or communities are best served by trained natural helpers with nominal supervision by agency professionals. The model seems to acknowledge that mainstream services are culturally inappropriate for minority people, and that mainstream services and workers may inadvertently perpetuate an oppression of minority people through institutional racism. The concept of noninterference is a base for this model. This model has met with success in Canada (6) and in three Alaska Native villages (25).

Bilingual and bicultural services are advocated by Barrera (2), Dana (7), and Gallegos (12). These researchers suggest that linguistic and cultural barriers are best overcome through multicultural staff who have more than one language. In this model it is assumed that cultural groups adapt or react to each other, and that no one culture is likely to remain unchanged. Therefore staff who identify with, participate in, or are members of two or more cultures are likely to provide a maximum level of service. Services in this model may be less dominated by one culture and more egalitarian than mainstream supported services. Clients are more likely to respond to staff of the same or similar culture, and staff are more likely to appropriately identify and treat client needs.

Minority agencies providing services to members of minority communities without mainstream agency sponsors are few in number. These agencies appear to be based on the belief that, not only do minority groups know what services they need, but they can most appropriately meet their own needs without mainstream agency involvement. Such agencies focus upon minority groups that live in specific cultural communities (such as Alaska Native villages) or that have recently left such communities and intend to maintain their cultural support system structures. As there is no mainstream involvement, the agency may not be as racially oppressive or paternalistic as some previously mentioned models. One successful program is the Urban Indian Child Resource Center in Oakland, California. The Center established Indian foster homes, developed a system of "family representatives" who work as service coordinators with families newly from the reservations, and offers homemaker "surrogate grandmothers" who provide family support (8). McDiarmid (22) studied the Chevak Village Youth Association in western Alaska and found that it played a distinct role in prevention as youth develop their responsibility, sense of competency, and ability to locate and use resources.

Three of the four models described above base services on emphasizing cultural values and helping systems: mainstream supported minority services within minority communities, bilingual/bicultural agencies, and minority agencies. These services seem to have a high rate of satisfaction (3, 4, 5, 9, 13, 16, 17, 19). By enhancing existing helping systems, cultural dissonance is reduced as mental and emotional health is increased. Many authors indicate the importance of local ownership of services in order to provide maximum level of services for the highest level of satisfaction. Runion and Gregory (24) cite a program that took ten years to develop with American Indian tribes.

Assessing the type of services to provide to the minority populations of a particular area appears crucial to the reception and use of services by minority people. Similarly, minority communities seeking to meet their own needs or seeking an agency to provide services may benefit from an assessment process. Dana, Hornby, and Hoffman (7) suggest an assessment of local norms. Angrosino (1) suggests that assessing potential community responses may affect the type of services an agency might provide. Manson (21) offers a research design to assess the need for service, types of service, and service delivery system.

Agencies striving for cultural competence should be willing to accept the values of the minority culture, and to develop skills for working with the client population (19). They should be aware of the leadership values of the minority culture (18), and understand minority expectations of agencies (12).

An awareness that racial, ethnic, and cultural minority groups have different needs or have underutilized services has sparked a renewed interest in agency cultural competence. We believe the forthcoming annotated bibliography will be of use to those seeking to improve services to minority children and families, whether as professionals or parent advocates.

References

1. Angrosino, M. V. (1978). Applied anthropology and the concept of the underdog: Implications for community mental health planning and evaluation. *Community Mental Health Journal* 14(4), 291-299.
2. Barrera, M. Jr. (1978). Mexican-American mental health service utilization: A critical examination of some proposed variables. *Community Mental Health Journal*, 14(1), 35-45.
3. Cameron, J.D. & Talavera, E. (1976). An advocacy program for Spanish-speaking people. *Social Casework*, 57(7), 427-431.
4. Charleston, S. (1987). Victims of an American Holocaust. *Sojourners*, 16(10), 32-33.
5. Chestang, L.W. (1981). The policies and politics of health and human services: A Black perspective, In *Johnson, A. E. (Ed.), The Black Experience: Considerations for Health and Human Services* (p. 15-25). Davis, CA: International Dialogue Press.
6. Cohen, Y. (1984). Residential treatment as a holding environment. *Residential Group Care and Treatment*, 2(3), 33-43.
7. Dana, R.H., Hornby R., & Hoffman, T. (1984). Local norms of personality assessment for Rosebud Sioux. *White Cloud Journal of American Indian Mental Health*, 3(2), 17-25.
8. Fields, S. (1979). A life in the crowd, A trail of concrete. *Innovations*, 6(3), 8-12.
9. Fields, S. (1976). Folk healing for the wounded spirit-medicine men: Purveyors of an ancient art. *Innovations*, 3(3), 12-18.
10. Flaskerud, J.H. & Nguyen, T.A. (1988). Mental health needs of Vietnamese refugees. *Hospital and Community Psychiatry*, 39(4), 435-437.
11. Foster, C.G. & Gable, E. (1980). The Indian child in special education: Two persons' perceptions. Flagstaff, AZ: Unpublished Paper.
12. Gallegos, J.S. (1982). Planning and administering services for minority groups. In Austin, M. & Hershey, W. (Ed.), *Handbook of Mental Health Administration: The Middle Manager's Perspective* (p. 87-105). San Francisco: Jossey-Bass.
13. Gary, L.E. (1987). Attitudes of black adults toward community mental health centers. *Hospital and Community Psychiatry*, 38(10), 1100-1105.
14. Gaviria, M. & Stern, G. (1980). Problems in designing and implementing culturally relevant mental health service for Latinos in the U.S. *Social Science and Medicine*, 14(B), 65-71.
15. Jacobson, K. (1974). Bilingual/bicultural education: Why? For whom? What? How? *Minnesota Language Review*, 3(2), 2-9.
16. Keefe, S.E., Padilla, A.M., & Carlos, M.L. (1979). The Mexican-American extended family as an emotional support system. *Human Organization*, 38(2), 144-152.
17. Kenyatta, M.I. (1980). The impact of racism on the family as a support system. *Catalyst*, 2(4), 37-44.
18. Lewis, R.G. & Gingerich, W. (1980). Leadership characteristics: Views of Indian and non-Indian students. *Social Casework*, 61(8), 494-497.
19. Lutz, F. (1980). *The Process of Native American Influence on the Education of Native American Children.* Paper presented at the Annual Meeting of the American Educational Research Association.
20. Lynch, E.W. & Stein, R.C. (1987). Parent participation by ethnicity: A comparison of Hispanic, Black, and Anglo families. *Exceptional Children*, 54(2), 105-111.
21. Manson, S.M. & Shore, J.H. (1981). Psychiatric epidemiological research among American Indians and Alaska Natives: Methodological issues. *White Cloud Journal of American Indian Mental Health*, 2(2), 48-56.
22. McDiarmid, G.W. (1983). Community and competence: A study of an indigenous primary prevention organization in an Alaskan village. *White Cloud Journal of American Indian Mental Health*, 3(1), 53-74.
23. Medina, C. (1987). Latino culture and sex education. *SIECUS Report*, 15(3), 1-4.
24. Runion, K., & Gregory, Jr., H. (1984). Training Native Americans to deliver mental health services to their own people. *Counselor Education and Supervision*, 23(3), 225-233.
25. VanDenBerg, J. & Minton, B.A. (1987). Alaska Native youth: A new approach to serving emotionally disturbed children and youth. *Children Today*, 16(5), 15-18.
26. Willig, A.C. & Greenberg, H.F., eds. (1986). *Bilingualism and Learning Disabilities: Policy and Practice for Teachers and Administrators.* New York: American Library Publishing Co., Inc.

The CASSP Minority Initiative

Marva P. Benjamin, ACSW

The Child and Adolescent Service System Program (CASSP), housed within the National Institute of Mental Health's Child and Family Support Branch, has undertaken three important activities on behalf of minority youth with serious emotional disabilities. First, participants in a 1986 national workshop identified and explored the issues CASSP's minority focus should address. Second, each CASSP project is required to include at least one major goal related to service system improvement for minority children and adolescents. The issues addressed in the national workshop and CASSP project efforts in furtherance of their respective minority goals will be reviewed in the Fall issue of *Focal Point*. Here CASSP's third major activity on behalf of minority youth is described.

If system change strategies designed to improve service delivery for minority populations are to be effective, they must be congruent with the culture of the minority populations one is attempting to serve. In an effort to assure that CASSP efforts are culturally sensitive and competent, the CASSP Minority Initiative at the Georgetown University Child Development Center is focusing its efforts on assisting states in developing and implementing culturally sensitive services that are appropriate, accessible, and delivered in a culturally competent manner. The Initiative supports the right of socio-cultural groups to remain ethnically and culturally different. From our perspective, states and local communities--through their service providers--have an ethical and moral responsibility to obtain a sensitive and accurate understanding of the unique needs of individuals and families from culturally diverse ethnic minority groups. Athough it is recognized that there are many underserved groups in the population, targeted groups for the Minority Initiative are the four socio-cultural groups of color in this country--Blacks, Hispanics, American Indians and Asian/Pacific Islanders.

The CASSP Minority Initiative is designing its implementation strategies to assist states and communities in their outreach and service delivery efforts on behalf of minority children and their families through a number of activities including planning, advocacy, coordination, information dissemination, training and technical assistance. Planning activities have already resulted in a *Minority Focused Blueprint for Action* which serves as the framework for the Initiative. A six member committee representing the national CASSP leadership has been formed and is providing policy level assistance to the Initiative.

Moreover, a sixteen member National Minority Resource Committee composed of experts who are minority group members (including a family advocate) from around the country has been assembled and is providing valuable assistance to the Initiative. For example, this committee has agreed to develop a monograph which defines and describes a culturally competent system of care for minority youth and adolescents who are severely emotionally disabled. The monograph, which will be completed in two phases, will include an overall philosophy, principles for such a system, a description of the needs/issues of diverse minority groups, some discussion regarding the need for a continuum of care which is minority focused, program examples, and recommendations for initiating culturally competent demonstration projects.

Also proposed is a minority demonstration project that would use a holistic approach to service delivery and would demonstrate the effectiveness of a culturally competent system of care for Black, Hispanic, Asian/Pacific Islander and American Indian youth with emotional disorders and their families. As currently envisioned, some of the elements of this culturally competent minority demonstration project would include:

- a cultural plan for each ethnic minority child and family participating in the program;
- treatment goals developed in conjunction with self-esteem as it relates to racial identity;
- agency linkages with the natural support system;
- cross-cultural ethnic minority training;

- specific policies and procedures to help families and children with serious emotional handicaps negotiate the service delivery system; and
- an evaluation and research component.

Finally, the National Minority Resource Committee plans to invite state and local CASSP projects' staff to Resource Committee meetings in various regions of the country to provide consultation on ethnic minority issues, program development and implementation strategies.

Marva P. Benjamin, ACSW, serves as Director, Minority Initiative, CASSP Technical Assistance Center, Georgetown University Child Development Center, Washington, D.C. and is a member of the Portland Research and Training Center's National Advisory Committee.

Encircling Our Forgotten Conference a Success

Over two hundred Indian and non-Indian mental health practitioners, professionals and advocates interested in Indian children with serious emotional disorders met in Oklahoma City, Oklahoma at a conference entitled *Encircling Our Forgotten: A Conference on Mental Health Issues for the Emotionally Disturbed North American Indian Child and Adolescent.* Initiated by Oklahoma's Child and Adolescent Service System Program (CASSP) and jointly sponsored by the University of Oklahoma's American Indian Institute (AII) and the Oklahoma Area Indian Health Service the June conference was the first ever to focus on this population and unique in its international scope. Representatives of the Canadian government were on hand to share the experience.

The conference was planned with the goal of sharing concerns, knowledge and strategies to assist in efforts to provide the best possible continuum of care to a population highly at risk and greatly underserved. Through building networks and coordination it is hoped that the quality of services for Indian children with serious emotional handicaps will be improved. The issues discussed included: identifying and serving Indian children and adolescents with emotional disorders, tribal care systems for Indian children with serious emotional handicaps, the role of chemical dependency in emotional disorders, CASSP and its relationship to Indian children and adolescents, and understanding mental health from a traditional Indian perspective.

Written conference proceedings will be available in late August. Contact Anita Chisholm at the AII for information on obtaining the proceedings. Her telephone number is (405) 325-4127.

Photo by Terry Cross

Why Not?

Some agencies have sought to promote the cultural competence of their treatment by creating cultural plans for minority children and adolescents with serious emotional handicaps. Cultural plans spell out for professionals how culture should be addressed or acknowledged in treatment planning and service delivery. They also identify the role the community can play in helping a particular child and family. Cultural plans may assist in the choice of treatment approaches and enhance the probability of achieving desired outcomes.

A recent consultation with a local community mental health center was designed to improve services to minority children and to establish better working relationships with minority communities. Most of the staff present cited various reasons why they could not develop cultural plans for minority youth: they are not culturally competent; the development of such plans would take too much time; there is no money to hire culturally competent staff; and, they only have funds available to retain mental health consultants who are largely members of the dominant culture and probably no more culturally competent than existing staff.

Why not develop cultural plans in collaboration with existing leaders and natural helpers within minority communities that spell out the role the community can play in identifying a range of natural supports that can be used to augment therapy and make treatment more reflective of cultural, community, and family values? **Why not** involve (and compensate) minority consultants and thereby generate a greater sense of concern for such children and families on the part of minority communities? Such activities would both enhance professionals' respect for minority communities and set the stage for future collaborative efforts on behalf of children.

J.L.M.

Editor's Note: Readers are invited to submit contributions, not to exceed 250 words, for the *Why Not?* column.

Parents' Perspective

I don't think I will ever forget the desperate feeling of not being able to stop my son Jason from hitting and throwing things at me in a department store one day. I felt embarassment and shame as people looked on and both whispered and spoke out about my inadequacies. Some said that Jason "just needed a good spanking." Three very long, involved years later that day still appears in my dreams.

I am not sure why my husband Curt and I have a child who doesn't fit "the norm." We have two other children who are not like Jason at all. I have retraced my actions and doings from before he was born to the present. I have felt the guilt, pain, confusion and total exhaustion of caring for Jason.

I have quit questioning now and have put some action in where I used to feel hopeless. At those times I feel myself slipping back into my "grind" and remind myself that there are no clearcut answers. Each child is an individual and it is my job to maintain the belief that what I am doing is the best I can do and that I have a responsibility to be active and knowledgeable about my child's growth and shortcomings. At such times I also take a different view of the situation: Jason didn't ask to be born this way and regardless of what anyone says, I love my child for what he is -- MINE.

Joyce Jacobs. Edmond, Oklahoma.

Editor's Note: Parents are invited to submit contributions, not to exceed 250 words, for the *Parents' Perspective* column.

NOTES & COMMENTS

SMHRCY/CASSP SPRING MEETING

The first joint meeting of the State Mental Health Representatives for Children and Youth (SMHRCY) and the Child and Adolescent Service System Program (CASSP) Project Directors was held in Washington, D.C. in April. Participants included CASSP project directors and staff, CASSP consultants, SMHRCY representatives, and other children's mental health professionals. One parent whose child has an emotional handicap urged planners to regard parents as vital participants at future conferences.

Highlights included the presentation of a preliminary working paper entitled A *Minority Focused Blueprint for Action* by Marva Benjamin, ACSW, director of the CASSP Minority Initiative, and Dennis Olson's discussion of his conceptual framework for a developmental approach to family support. Dennis Olson is a parent and a Mental Health Program Administrator with the Washington Child and Adolescent Service System Program. Workshop topics included new ways to pay for services, how to identify how much of particular types of services are needed, and how to plan statewide legislative/advocacy networks that link to program development.

The Fall 1988 CASSP Project Directors' meeting will be held October 11-13 in Tampa, Florida.

NARRTC'S TENTH ANNUAL MEETING

The National Association of Rehabilitation Research and Training Centers (NARRTC) held its annual meeting in Washington, D.C. in May. Highlights of the conference included speeches by James Reswick, NIDRR Acting Director, and Patricia McGill Smith, U.S. Department of Education Deputy Assistant Secretary.

NIDRR Acting Director James Reswick addressed the changes in the peer review process for RTC's and on the development of the agency's five year plan.

Deputy Assistant Secretary Patricia McGill Smith urged rehabilitation workers to view families of clients as equals, transfer their skills to parents, and believe parents can work effectively with their children.

A poster exhibit and reception held at the conference hotel provided the centers with an opportunity to present information about their research and training efforts. Members of Congress, and guests from NIDRR and other government agencies were also invited.

STATEWIDE PARENT ORGANIZATION DEMONSTRATION PROJECT REQUEST FOR PROPOSALS ISSUED

The Research and Training Center's Families as Allies Project has issued a request for proposals for a Statewide Parent Organization Demonstration Project. The Research and Training Center will fund up to five twelve month projects at a level of $20,000 each during the coming year (October 1, 1988 to September 30, 1989), depending on the availability of funds. Eligible applicants are parent organizations. The purposes of this project are to stimulate and support the development of model statewide parent organizations, as well as to evaluate the implementation and outcome of these projects. Proposals are due at the Research and Training Center on August 26, 1988. For further information contact Katie Yoakum, Nancy Koroloff, or Barbara Friesen at (503) 464-4040.

IMPLEMENTING FAMILY GOALS

The Portland Research and Training Center sponsored a workshop May 11-13, 1988 which provided an in depth look at the process of developing and implementing family involvement and support goals for state Child and Adolescent Service System Program (CASSP) projects. The training was facilitated by Families as Allies Project Director Barbara Friesen and staff. Participants in the training included: Ginny Wright, Hawaii CASSP Parent Coordinator; Dennis Olson, Washington CASSP Administrator; Barbara Thomas, Kentucky CASSP Children's Program Specialist; and Liz Sumrall, Louisiana CASSP Evaluation Specialist.

Each participant completed a pre-training questionnaire which was used to focus the training on the particular needs of the states. A significant portion of the training was devoted to specific strategy development within each state.

The training provided a unique opportunity for participants to share their experiences and knowledge using a peer consultation process. At the end of the training, participants agreed to continue an informal sharing of experiences with each other as they progress in their program planning to provide improved systems of care for children with serious emotional disabilities and their families.

UPCOMING FAMILIES AS ALLIES CONFERENCES

Alabama will hold its first statewide *Families as Allies Conference* on August 26-27, 1988 in Birmingham. Conference participants will explore approaches to interagency collaboration and strategies for maintaining parent support groups. The Alabama Child and Adolescent Service System Program (CASSP) Project has announced the availability of parent scholarships to fund lodging expenses. Further information on the conference may be obtained by contacting Charles Day at (205) 271-9261.

The second annual *Oklahoma Families as Allies Conference* is scheduled for September 23-24, 1988 in Wagner, Oklahoma. Conference topics include: sisters and brothers of youth with emotional disabilities, strategies for managing problem behaviors, and a report on a recent governor's conference on Oklahoma children's issues. Child care has been arranged and the Oklahoma CASSP Project will fund parents' lodging expenses. For additional information contact Dana Baldridge at (405) 843-9114.

EDUCATION AND MENTAL HEALTH SYSTEMS SPONSOR STATEWIDE FAMILIES AS ALLIES CONFERENCE

Approximately 250 parents and professionals attended Georgia's first statewide Families as Allies Conference in Atlanta June 16-18, 1988. Modeling interagency collaboration at the state level, the Georgia Division of Mental Health, Mental Retardation and Substance Abuse and the Georgia Psychoeducational Network, Georgia Department of Education co-sponsored the conference.

A panel of parents and professionals keynoted the conference with *Perspectives from the Trenches.* Panelists shared their frustrations and their successes in attempting to obtain or provide appropriate services for children with serious emotional disorders. Parents and professionals also discussed the limitations and strengths of the service delivery systems in Georgia and other states.

Conference participants worked together to develop strategies for effective parent-professional collaboration on behalf of children and adolescents who have serious emotional disabilities. A presentation of the recommendations of these groups was followed by a discussion of the *Realities and Constrants of the Service System: Laws, Language and Entitlement Programs* by a panel composed of state and local mental health and education personnel.

Workshop topics included *Diagnosis and Medication, Community Based Mental Health Services, Family Preservation: In-home Service, Respite Care, Parent Support Groups, Legislative Strategies,* and *Collaborative Strategies for Multi-Cultural Families and Professionals.*

PARENT AND PROFESSIONAL COLLABORATION

Twenty parent and professional collaboration trainers are sharing their expertise with professionals and parents at Families as Allies conferences and meetings of parent support groups and child-serving professionals. Since October 1987, working under contract with the Research and Training Center, trainers have conducted more than twenty sessions on the issues of parent-professional collaboration and the opportunities for such alliances in their respective geographic regions.

In upcoming months, the trainers will work with interested parents and professionals in Alabama, Delaware, Illinois, Iowa, Kansas, Kentucky, Rhode Island and Texas. For example, Kentucky Families as Allies and Kentucky's Child and Adolescent Service System Program (CASSP) Project, will host the *Parent and Professional Partnership Conference* on August 11-13, 1988. The trainers will provide parents and professionals with collaborative knowledge and skills to increase the level of support and services for children with emotional handicaps and their families. Teams from four states will join Kentucky parent and professional teams in Louisville.

Persons interested in including parent and professional collaboration training teams on the programs of upcoming conferences are invited to contact Richard Vosler-Hunter, Training Coordinator for the Families as Allies Project, at (503) 464-4040.

Research and Training Center Resource Materials

- ❒ *Annotated Bibliography. Parents of Emotionally Handicapped Children: Needs, Resources, and Relationships with Professionals.* Covers relationships between professionals and parents, parent self-help, support and advocacy groups, parent participation, parents' problems and guidelines. $3.00 per copy.

- ❒ *Annotated Bibliography. Youth in Transition: Resources for Program Development and Direct Service Intervention.* Transition needs of adolescents: educational and vocational issues, programs and curriculum, research overviews, interpersonal issues, skills training. One copy free while supplies last.

- ❒ *Child Advocacy Annotated Bibliography.* Includes selected articles, books, anthology entries and conference papers written since 1970, presented in a manner useful to readers who do not have access to the cited sources. $7.00 per copy.

- ❒ *Families as Allies Conference Proceedings: Parent-Professional Collaboration Toward Improving Services for Seriously Emotionally Handicapped Children and Their Families.* Held in April 1986 and attended by delegations from thirteen western states. Includes: agenda, presentation transcriptions, biographical sketches, recommendations, worksheets, and evaluations. $6.50 per copy.

- ❒ *Gathering and Sharing: An Exploratory Study of Service Delivery to Emotionally Handicapped Indian Children.* Findings from Idaho, Oregon, and Washington, covering current services, successes, service delivery barriers, exemplary programs and innovations. $2.00 per copy.

- ❒ *Glossary of Acronyms, Laws, and Terms for Parents Whose Children Have Emotional Handicaps.* Glossary is excerpted from the *Taking Charge* parents' handbook. Approximately 150 acronyms, laws, and words and phrases commonly encountered by parents whose children have emotional handicaps are explained. $1.00.

- ❒ *Making the System Work: An Advocacy Workshop for Parents.* A trainers' guide for a one-day workshop designed to introduce the purpose of advocacy, identify sources of power and the chain of command in agencies and school systems, and practice advocacy techniques. $5.00.

- ❒ *The Multnomah County CAPS Project: An Effort to Coordinate Service Delivery for Children and Youth Considered Seriously Emotionally Disturbed.* A process evaluation of an interagency collaborative effort is reported. The planning process is documented and recommendations are offered. $3.00 per copy.

- ❒ *National Directory of Organizations Serving Parents of Seriously Emotionally Handicapped Children and Youth.* The U.S. organizations included provide one or more of the following services: education and information, parent training, case and systems level advocacy, support groups, direct assistance such as respite care, transportation and child care. $5.00 per copy.

- ❒ *Parents' Voices: A Few Speak for Many* (videotape). Three parents of children with emotional handicaps discuss their experiences related to seeking help for their children (45 minutes). A trainers' guide is available to assist in presenting the videotape. Free brochure describes the videotape and trainers' guide and provides purchase or rental information.

- ❒ **NEW!** *Respite Care: An Annotated Bibliography.* Thirty-six articles addressing a range of respite issues are summarized. Issues discussed include: the rationale for respite services, family needs, program development, respite provider training, funding, and program evaluation. $2.50 per copy.

- ❒ **NEW!** *Respite Care: A Monograph.* More than forty respite care programs around the country are included in the information base on which this monograph was developed. The monograph describes: the types of respite care programs that have been developed, recruitment and training of respite care providers, the benefits of respite services to families, respite care policy and future policy directions, and a summary of funding sources. $2.00 per copy.

- ❒ **REVISED!** *Taking Charge: A Handbook for Parents Whose Children Have Emotional Handicaps.* The handbook addresses issues such as parents' feelings about themselves and their children, labels and diagnoses, and legal issues. The second edition expands upon emotional disorders of children, including post-traumatic stress disorder and mood disorders such as childhood depression and bipolar disorder. Single copies free to parents whose children have emotional handicaps while supplies last. All others, $7.00 per copy.

- ❒ *Working Together: The Parent/Professional Partnership.* A trainers' guide for a one-day workshop for a combined parent/professional audience. Designed to identify perceptions parents and professionals have of each other and obstacles to cooperation; as well as discover the match between parent needs and professional roles, and practice effective listening techniques and team decision making. $5.00.

Order form on reverse ☞

ORDER FORM AND MAILING LIST Research and Training Center

❒ Please send me the publications checked on reverse. $_____ enclosed as appropriate.

❒ Add me to your mailing list. ❒ Take me off your mailing list.

❒ Change my address as noted below.

NAME_____

ORGANIZATION_____

STREET ADDRESS_____

CITY/STATE/ZIP_____

TELEPHONE_____

CHECKS PAYABLE TO: Portland State University
MAIL TO: Resource Services Coordinator, Research and Training Center, Regional Research Institute for Human Services, Portland State University, P.O. Box 751, Portland, Oregon 97207-0751, (503) 464-4040

Portland State University
Research and Training Center
Regional Research Institute for Human Services
P.O. Box 751
Portland, Oregon 97207-0751

Nonprofit Org.
U.S. Postage
PAID
Portland, OR
Permit #770

The Council for Exceptional Children
Information Service
1920 Association Drive
Reston, VA 22091